

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002373**

<b>GENERATOR</b> (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility		SFUND RECORDS CTR 999000394
Name <b>ALUMINUM CO OF AMERICA</b> ② Name <b>VERNON WORKS</b>		Name <b>OPERATING INDUSTRIES INC.</b>		Name <b>CHEMICAL WASTE MANAGEMENT INC</b>		
EPA NO. <b>CAD074126681</b>		EPA NO. <b>CAD080012024</b>		EPA NO. <b>CAH000646117</b>		
Address <b>5151 ALCOA AVE</b> Phone No. <b>588-6141</b>		Address <b>900 N. POTRERO GRANDE DR.</b>		Address <b>P.O. Box 1104, 430 W. Elm Ave</b>		
City, State, Zip <b>VERNON CA 90058</b>		City, State, Zip <b>MONTEREY PARK CA</b>		City, State, Zip <b>CORLINGA CA 93210</b>		

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: _____
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER _____

⑥ WASTE CATEGORY <b>47 &amp; 48</b>			⑦ EX. HAZ. WASTE PERMIT NO. _____			⑧ GENERATING PROCESS <b>ALUMINUM FABRICATION</b>		
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS		
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.		
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.		
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.		
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material _____ %				

⑩ WASTE PROPERTIES: pH **2** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **WATER & OIL SLUDGE**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *Omni T Baker Foreman* **8-05-02**  
Signature of Authorized Agent and Title Date Shipped

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)		⑮ PICK-UP DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
⑭ NAME <b>ASBURY OIL CO.</b>			
EPA NO. <b>CAD028277036</b>			
ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b>			
CITY, STATE, ZIP <b>Gardena, California 90249</b>		⑯ _____ Signature of Authorized Agent and Title Date	

<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)		⑰ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
⑰ NAME <b>OPERATING INDUSTRIES INC</b>			
EPA NO. <b>CAH080012024</b>			
PHONE NO. _____			
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____			
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____			
⑳ NAME _____ EPA NO. _____		㉑ <u><i>[Signature]</i></u> <b>5-4-81</b> Signature of Authorized Agent and Title Date Accepted	

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